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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10816584 | <b>Applicant(s)/Patent Under Reexamination</b><br>NAM, NICHOLAS |
|   | <b>Examiner</b><br>TAN TRINH               | <b>Art Unit</b><br>2618   |

| ORIGINAL                  |  |          |      |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |          |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|------|--|--|------------------------------|---|---|---|----------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |      |  |  | CLAIMED                      |   |   |   |          | NON-CLAIMED |  |  |  |  |  |  |  |
| 455                       |  | 3.06     |      |  |  | H                            | C | 4 | H | 7 / 00 I |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
| 455                       | 414.4                                    | 41.2     | 41.3 |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |
|                           |  |          |      |  |  |                              |   |   |   |          |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        | 7     | 17       | 18    | 33       |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 8     | 18       | 21    | 34       |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 11    | 19       | 22    | 35       |       |          |       |          |       |          |       |          |       |          |
|   | 4        | 12    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        | 13    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        | 14    | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 7        | 17    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        | 18    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 9        | 19    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 11       | 9     | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 13       | 15    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 15       | 20    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 16       | 10    | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

|   |  |                                    |                          |
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| NONE<br><br>(Assistant Examiner)  |  | <b>Total Claims Allowed:</b><br>22 |                          |
| /TAN TRINH/<br>Primary Examiner.Art Unit 2618<br><br>(Primary Examiner) |  | 09-19-2008<br>(Date)               | O.G. Print Claim(s)<br>1 |
|   |  | O.G. Print Figure<br>1             |                          |